



Docket No. 0575/55311-AZ-PCT-US/JPW/JCS

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s) : Audrey Minden  
 Serial No. : 10/693,367 Examiner: M. Szperka  
 Filed : October 24, 2003 Group Art Unit: 1644  
 For : PAK4-Related Antibodies

Mail Stop RCE  
 COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Date: October 31, 2007

Sir:

Transmitted herewith is an amendment to the above-identified application.

\_\_\_\_\_ Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.

\_\_\_\_\_ A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

X No additional fee is required.

The filing fee is calculated as follows:

	Number after Amendment	Highest Number Previously Paid For <sup>1</sup>	Number of Extra Claims Presented	RATE			FEE	
				Small Entity	Other Entity		Small Entity	Other Entity
Total Claims	4 -	* 20 =	*** 0 X	\$25	\$50	=	0	
Independent Claims	1 -	** 3 =	*** 0 X	\$100	\$200	=	0	
Multiple Dependent Claim(s) Presented For First Time Yes <u>X</u> No				\$180	\$360	=	0	
				TOTAL ADDITIONAL FEE			\$ 0.00	

<sup>1</sup> The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.  
 \* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.  
 \*\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.  
 \*\*\* If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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Amendment Transmittal Letter  
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The following are also enclosed:

- ☒ One additional copy of this Amendment Transmittal Letter
- ☒ Return Receipt Postcard
- ☐ An Information Disclosure Statement, including Form PTO-1449  
(Copies of citations included: Yes ☐ No ☐  
and a fee of \$ ☐ included)
- ☒ A Petition for an Extension of Time, including a fee of  
\$ 60.00 for a Petition for 1 Month(s) Extension of Time
- ☒ Other (identify): Two copies of a Request for Continued Examination  
Transmittal Sheet

THE TOTAL FEE DUE IS \$ 465.00.


☒ A check in the amount of \$ 465.00 is enclosed.

☐ Please charge Deposit Account No. ☐ in the amount of  
\$ ☐.

☒ The Commissioner is hereby authorized to charge any additional fees  
required or credit any overpayment to Deposit Account No. 03-3125  
as follows:

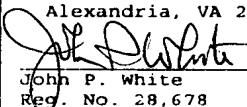
☒ Fees under 37 C.F.R. \$1.16 for the presentation of extra claims  
☐ Patent application processing fees under 37 C.F.R. \$1.17

Respectfully submitted,

  
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I hereby certify that this  
correspondence is being deposited this  
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 10/31/07  
John P. White Date  
Reg. No. 28,678